

HOUSE NO. C125/3, 7TH AVENUE, NORTH RIDGE, ACCRA, P.O BOX AN 5879, ACCRA-NORTH. TELEPHONE: 050 1673296 / 050 1673297.

### **MOTOR ACCIDENT REPORT FORM**

Please Note that-

It is necessary that great care should be taken in completing this form and the information given therein should be strictly accurate irrespective of whether it is in your favour or otherwise. You should not make any payment offer or promise of any payment or admit liability in anyway, as by so doing you may prejudice your position and make settlement a difficult matter.

POLICY NO..... RENEWAL DATE.....

Name of Insured:.....

Address:.....

Occupation:..... Telephone No:.....

#### **PARTICULARS OF MOTOR VEHICLE CONCERNED:**

Registration No.....Make.....Model.....Year of Make.....

Is the vehicle the subject of a hire purchase or loan agreement? Yes/No

If so state name of finance company or lending organisation.....

If claim is under a Motor Trade Policy, give name and address of owner of vehicle.....

State fully the purpose for which the vehicle was being used. (It is not sufficient to state "Business" or Private").....

Was the vehicle being used with your consent? Yes/No

#### **PARTICULARS OF PERSON DRIVING AT TIME OF ACCIDENT:**

Full Name:.....Address:.....

Age:..... Occupation:..... Tel. No:.....

Driving License No:..... Date of Issue.....

For what group of vehicles has the license been issued:.....

Has the driver ever been convicted of any motoring offence? Yes/No

If so, give details.....

State whether the person driving at the time of accident was: (a) The Owner (b) An Employee (c) Relative or Friend.....

If an employee, how long has he been in your employment as a driver?.....

If owner was not driving - State whether the person driving owns a vehicle himself? Yes/No

If so, state name and address of the Insurer of the person driving and number of Policy held by him/her.....

**CIRCUMSTANCE OF ACCIDENT:**

Date and Time:.....23.....at.....a.m/p.m.

Exact Location of Incident.....

Speed of Vehicle.....

If after lighting up time what lights were lit on your Vehicle.....?

How many persons were in your vehicle at the time of the accident?.....

If you were not in the vehicle, when was accident reported to you.....

Give full description of how the accident happened.....

In your opinion was the accident caused by your driver? If not, by whom?...../.....

Damage to your vehicle.....

Where can the vehicle be seen.....

Name and Address of nearest Repairers.....

**THIRD PARTIES INVOLVED IN ACCIDENT:**

Names and addresses of persons injured and the extent of their injuries:

Injured persons in your vehicle

Injured persons in the other vehicle.

State details of other vehicle involved:

Registration. No.....

Make.....

Model.....

State name and address of the driver of this vehicle

.....

State name and address of the owner of this vehicle

.....

State name and address of Insurer of this vehicle and policy number

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Details of damage to this vehicle

.....

.....

Has any claim, been made upon you? Yes/No.

If so, state particulars below and note that any letter or communication received by you must be forwarded immediately unanswered, to this Company.....

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Has any person involved in the accident been given a notice of intended prosecution by the Police? Yes/No

If so, state details.....

Witnesses:

1.....

2.....

State names and addresses of any independent witnesses:

1.....

2.....

Was accident reported to the Police? Yes/No.

If so, state date reported and at which Police Station.....

Name Police Constable who took particulars:.....

Do you hold more than one policy indemnifying you in respect of this accident? Yes/No.

I declare that the above statement is true in all respects to the best of my knowledge and belief and I hereby leave in the hands of the Company in accordance with the Conditions of the Policy the conduct of all claims and litigation arising out this accident and to which the Policy applies, to deal with, to prosecute and/or settle as they think fit without further reference to me; and I undertake to give all such information and assistance as the Company may require.

Date..... Signature.....

The Company does not admit liability by the issue of this form

**SKETCH**

Please make a sketch showing position of vehicles and persons concerned both before and after the accident, and showing the direction in which they were travelling.

**POSITION BEFORE ACCIDENT**

**POSITION AFTER ACCIDENT**